Department of Health
Early Intervention Services

Sustainability Report

Performance Period October-December 2003

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from October through December 2003.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.

- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide. Plans to address service gaps are provided.

- *Personnel:* Information on personnel, by island and statewide, is collected to determine whether there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers who have weighted caseloads of no more than 1:45. Personnel data for Healthy Start staff (central administration positions) are provided.

- *Training Opportunities:* Training data include the number of early intervention staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.

- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.

- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths of the early intervention system for October to December 2003 are summarized.

Enrollment

Early Intervention Section

Monthly enrollment data for infants and toddlers served by EIS from October through December 2003 are:

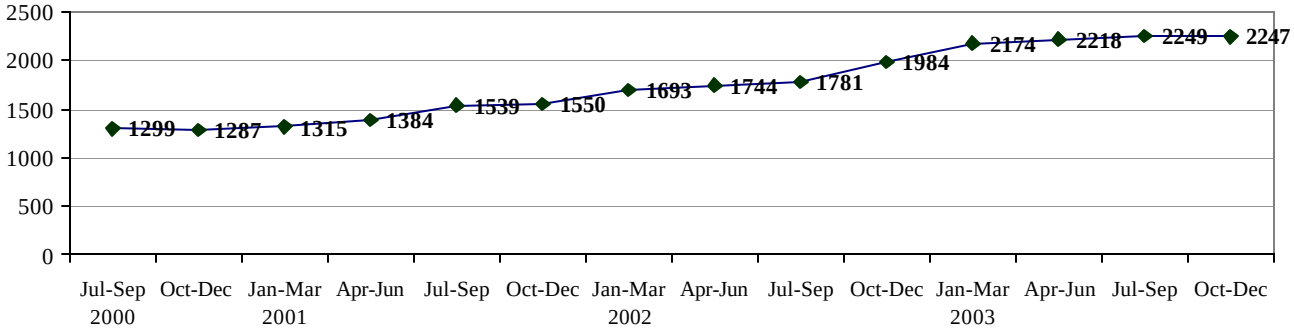
Table 1. EIS Monthly Enrollment Data

Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
October 2003	2348	1654	230	279	131	48	6
November 2003	2184	1527	234	260	122	35	6
December 2003	2210	1549	238	260	121	36	6

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs), Purchase of Service programs, and Public Health Nurses.

The quarterly enrollment (average monthly enrollment for the quarter) since July 2000 are shown in the following graph:

Graph 1. EIS Quarterly Enrollment from July 2000 to December 2003



Note: Only partial data from Public Health Nursing Branch (PHNB) is available for July 2000 - June 2001. From July 2001 more complete data were available from PHNB.

Enrollment data for the October-December 2003 quarter (average 2247 children) are similar to the previous quarter (average 2249), suggesting that enrollment may be leveling off. Data will continue to be collected and reviewed to determine if this leveling off of enrollment continues.

Child find activities continue, to ensure that new providers are aware of Hawaii's early intervention system as well as how to make a referral to the system. These activities include: a variety of public awareness efforts throughout the state through participation in health fairs and other community activities; collaboration with pediatricians and family practitioners to ensure they are knowledgeable about Part C eligibility and early intervention; and collaboration with early childhood providers statewide. In addition, the increased training on Hawaii's early intervention system supports the child find efforts.

Healthy Start

Throughout the second quarter the transition to implementation of full service continued. The Maui protest regarding the award of the purchase-of-service contract for home visiting services has yet to be determined. Families will continue to be served by Maui Family Support Service until the protest is resolved. A decision is expected by the end of January. Recurring interpretation of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 is an ongoing issue for the State, individual Purchase of Service Providers (POSP), and private hospitals. The Molokai POSP was denied access to Molokai General Hospital for a more than half the second quarter. For the Oahu Early Identification (EID) POSP, the individual letter of agreement with Kaiser Permanente was not signed until the end of November. Even so, Oahu rates of screens improved and have returned to acceptable levels. However, while rates of assessments and referrals have also improved, these remain areas for continuous quality improvement. Finally, the Child Health Early Intervention Record System (CHEIRS) data system was implemented in November.

Birth rates for Hawaii are as follows:

October	1,169 births
November	1,077 births
December	1,298 births

Monthly new enrollment data for infants and toddlers served by Healthy Start for October to December 2003 are shown in Table 2. In total, 478 infants and toddlers were newly enrolled during the second quarter. The fluctuation of the monthly new enrollment numbers reflect the continuing implementation issues described above.

Table 2. Healthy Start New Enrollment Data

Month	New Enrollment*	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
October	159	99	27	15	11	7	0
November	124	86	13	5	10	8	2
December	195	146	19	14	9	7	0

* Does not include prenatal enrollments.

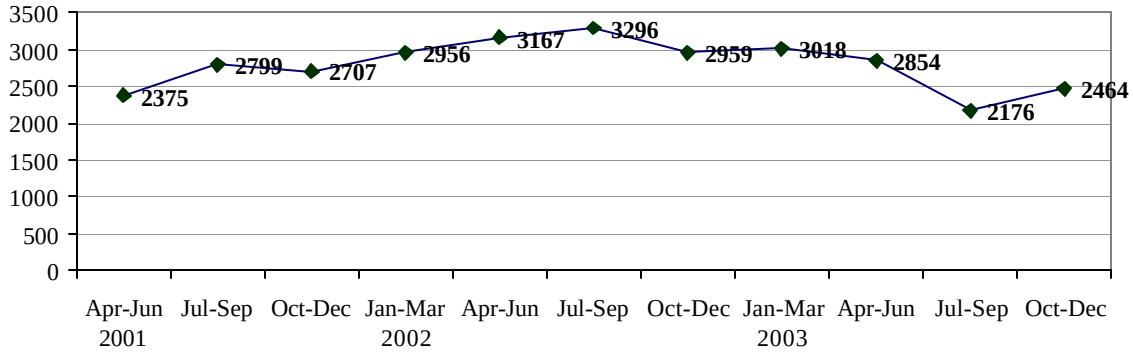
Monthly active enrollment numbers during October-December 2003 are shown in the following table:

Table 3. Healthy Start Active Enrollment Data

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
October	2461	1554	326	196	203	118	64
November	2418	1547	315	198	184	111	63
December	2513	1639	315	204	182	116	57

The average quarterly enrollments from April 2001 to December 2003 are shown below:

Graph 2. Healthy Start Average Quarterly Enrollment from April 2001 to December 2003.



* All figures have been recalculated and verified via CHEIRS and appropriate adjustments made.

The average quarterly enrollment for October-December 2003 (2464 children) increased from the previous quarter (2176 children). The Quality Assurance Specialist will continue to work with programs to improve acceptance rates, staff retention, and program performance.

Service Gaps

The tables below provide information on service gaps for EIS, PHN, and Healthy Start for October-December 2003. Service gaps are divided into two types: full service gaps (Table 4) where no services were provided to the child, and partial service gaps (Table 5) where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there may be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Table 4. Full Service Gaps by Month

Service Gap	October	November	December
Occupational Therapy	0	0	0
Physical Therapy	0	0	0
Psychological Services	0	0	0
Special Instruction	0	0	0
Speech Therapy	0	2 (Oahu)	1 (Oahu)
Individual Behavioral Support Services	0	0	0
Home Visiting	0	0	0
Developmental Evaluation	0	0	0
Full Gap Total	**0**	**2**	**1**

Full service gaps decreased for the October-December quarter (3 full gaps, 2 children), compared with the previous quarter (9 full gaps, 5 children). The 2 children who had full service gaps in November were care coordinated by EIS care coordinators and required only speech therapy. Services had been provided by a contracted speech pathologist, but the individual left due to a family emergency and a replacement was found for only 1 child in December.

Table 5. Partial Service Gaps by Month

Service Gap	October	November	December
Occupational Therapy	0	1 (Oahu)	0
Physical Therapy	19 (Oahu) 1 (Hawaii)	12 (Oahu) 1 (Hawaii)	10 (Oahu) 1 (Hawaii)
Psychological Services	0	0	0
Special Instruction	0	0	0
Speech Therapy	6 (Hawaii)	4 (Oahu) 6 (Hawaii)	10 (Oahu) 5 (Hawaii) 1 (Kauai)
Individual Behavioral Support Services	0	0	0
Home Visiting	0	0	0
Evaluation	0	0	0
Partial Gap Total	**26**	**24**	**27**

A total of 45 children from Oahu, 8 from Hawaii, and 1 from Kauai had a partial service gap sometime during the October-December 2003 quarter. This was an increase on Oahu from 26 children the previous quarter, and a decrease on the island of Hawaii from 13 the previous quarter. In all cases, the partial service gaps on Oahu were due to vacant positions (physical therapy [PT] and speech language pathology), and the inability to identify sufficient fee-for-service providers to fill the needs. On Oahu, the PT position at the Wahiawa ECSP has been vacant for over a year, and although the position is currently exempt, there still has been no interest by community PTs in filling the position. Also, 2 additional PTs at Oahu ECSPs are on maternity leave, leaving 3 programs with the necessity to contract fee-for-service providers to provide the services. On Hawaii the Hilo Easter Seals program is still trying to hire an additional speech pathologist due to the increased number of children served with speech delays.

EIS is investigating the on-going physical therapy vacancy to determine the next steps in filling the position, and will work with the EIS contract liaison to determine if additional physical therapists and speech pathologists can be identified to fill the need.

EIS and early intervention programs continue to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the Individualized Family Support Plans (IFSP). While the majority of children enrolled in early intervention programs receive transdisciplinary services, this service option is not appropriate for some children. Service delivery decisions are based on the individual needs of each child and must be made at the IFSP meetings by the entire team. Additional training in the transdisciplinary service delivery method continues to be provided to ensure that recommended IFSP services are appropriate.

All children who had a partial service gap received other services, generally through a transdisciplinary model of service delivery, to support the overall needs of the child and family.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions provide administrative functions and are included in the data on administrative positions. At the end of December 2003, 40 of the 44 state social work positions that provide care coordination services, or 91%, were filled, which meets the goal of 90% filled. In addition, recent interviews have resulted in one of the 4 vacant Oahu social work positions filled as of 1/14/04. Recruitment continues for the remaining 3 positions. With the start of the newly hired social worker, the percentage filled increased to 93%.

The following table provides information on the 44 social work positions that provide care coordination services, by island and statewide as of December 2003. All neighbor island social work positions are now filled.

Table 6. Percentage EIS Social Work (SW) Positions Providing Care Coordination and Filled, by Island, as of December 2003.

Island	SW Positions Total #	SW Positions Filled #	SW Positions Filled %
Oahu	29	25*	86%*
Hawaii	7	7	100%
Maui	5	5	100%
Kauai	3	3	100%
Total	**44**	**40***	**91%***

* One additional position on Oahu was filled on 1/14/04, increasing the Oahu percentage filled to 90%, and statewide to 93%.

Not included in the above table are the following positions that provide care coordination and are funded through the purchase-of-service (POS) contracts: 1) 0.5 FTE care coordinator position for Molokai's Ikaika program; 2) 0.5 FTE social work position for Salvation Army; 3) 1.0 FTE social worker for Imua on Maui; and, 4) 1.0 FTE social work position for the newly funded Kapolei POS program on Oahu. Funds were included in the Ikaika (Molokai), Salvation Army and Kapolei programs as there are no designated DOH social work positions assigned to these programs. Funds were added to the Imua contract to support the increased number of children served. These four positions are also filled.

EIS is continuing to study the efficacy of State social work positions located in private POS programs, as compared to funding POS programs to hire their own social workers.

Goal: 90% of EIS direct service positions are filled.

The EIS has 43 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit supervisor and program managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 8. At the end of December 2003, 39 of the 43 direct service positions, or 91%, were filled, meeting the goal of 90%. In addition, by the end of January, the position for the Early Intervention Specialist for Hearing Impaired is expected to be filled, thereby increasing the percentage filled to 93%. Recruitment continues for the vacant positions.

The following table provides information on the direct service positions statewide and by island:

Table 7. EIS Direct Service Positions by Island, as of December 2003.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	36	33*	92%*	PT III – 1, SPED IV – 1*, SLP IV - 1
Hawaii	7	6	86%	SLP III - 1 (@ 0.5 FTE)
Total	**43**	**39**	**91%***	

Note: PT = physical therapist; SPED = special education teacher (hearing specialist); SLP = speech-language pathologist.

*The SPED IV – Specialist for Hearing Impaired, is expected to be filled by the end of January 2004, which will increase the proportion filled on Oahu to 94% and statewide to 93%.

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. These contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by either the ECSP or POS staff. They also help support the ECSPs when the service needs of the enrolled children exceed the capacity of the staff. EIS continues to work with community providers to identify additional fee-for-service contractors to meet the needs of children and families.

In the most recent Request for Proposal (RFP) process for early intervention POS providers, an additional contract was funded to support the increased growth in the Kapolei/Ewa areas. Now that the program is fully operational, it is replacing services that were previously provided by fee-for-service providers, and helping to reduce the number of children served by the Leeward ECSP to a more manageable number. The program continues to expand through referrals from the Hawaii Keiki Information Service System (H-KISS), the central point of contact for infants and toddlers with suspected developmental delays.

EIS has developed a Vision Workgroup to review service options to better meet the needs of infants and toddlers with developmental delays. The workgroup membership is being reviewed to ensure it includes family and community representatives. The goal is to serve all children and their families through public or private early intervention programs,

rather than the current system of serving children with multiple delays at early intervention programs and children with single delays by fee-for-service providers. The workgroup has identified two ways to achieve this: 1) a new RFP will be developed and disseminated to expand the number of POS programs, and 2) EIS will work with the POS providers on Oahu to expand the children they serve, to include all children in their catchment area, regardless of the number of developmental delays. Both methods are expected to reduce the reliance on fee-for-service providers. The new Easter Seals Kapolei Early Intervention Program is currently accepting all referrals, and beginning in February 2004, the Easter Seals Sultan Early Intervention Program will also expand its caseload to serve all children in their catchment area, regardless of the number of delays.

With the new billing system instituted in July 2003 in which POS programs are reimbursed on an hourly basis based on the provider (e.g., SLP, PT, OT, etc.), data are being collected that more thoroughly describe the service needs of the children and families served by POS programs. Combining this POS data with the cost data of the fee-for-service providers will allow for more accurate projections of the service needs for infants and toddlers with developmental delays and their families throughout Hawaii.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

The EIS has 53 administrative positions statewide. These positions include unit supervisors and specialists in the areas of contracts, internal service testing, public awareness and training; computer support staff, accounting staff, and clerical and billing staff. Also included in the count of administrative positions are the Social Worker V who supervises the Family Centered Services Unit social workers, the two Social Worker II positions who are responsible for H-KISS, the Social Worker IV on the island of Hawaii who supervises the seven Hawaii social workers, the unit supervisor and managers of the ECSPs, and the five Child & Youth Specialist IV positions who support quality assurance activities statewide. At the end of December 2003, 49 of the 53 administrative positions, or 92%, were filled, meeting the goal of 90%.

At the end of December 2003, vacant Quality Assurance (QA) positions included one of the three Oahu positions, and the one position for the island of Hawaii. However, since then, the Oahu position was filled 1/06/04. The initial recruitment for the island of Hawaii position was unsuccessful in identifying an individual with the necessary skills to meet the position requirements. The position was re-advertised and interviews have been scheduled in January 2004. Additionally, another administrative position, the Account Clerk II, has a start date of 1/21/04. When both positions (Oahu QA and Account Clerk) are filled, the current percentage of administrative positions filled on Oahu will increase from 94% to 98%, and statewide from 92% to 96%.

The following table provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of December 2003.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	47	44*	94%*	Acct.-Clerk II*, C&Y IV (1)*, SSA V
Hawaii	5	4	80%	C&Y IV
Maui	1	1	100%	
Total	**53**	**49***	**92%***	

Note: C&Y = Child & Youth Specialist, SSA = Social Service Assistant
* The C&Y IV started 1/6/04; the Acct.-Clerk II has a start date of 1/21/04.

Upon completion and approval of the required EIS reorganization concept paper, recruitment for the following newly approved positions will begin: a Public Health Administrative Officer (PHAO) to support budgetary and contractual responsibilities; 2 clerical staff to support the increased number of administrative positions; 4 billing clerks to support the Early Intervention Carveout requirements; and a coordinator and clerk-typist for the Newborn Hearing Screening Program (NHSP). Many responsibilities of these positions are currently being met with the support of the FHSD PHAOs, approved overtime compensation for some EIS staff, and the use of federal funds to support NHSP.

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include a program supervisor, registered professional nurse, research statistician, and other specialists in the areas of quality assurance, data management, and contract management. There is also support staff in clerical, billing, and statistics. At the end of December 2003, three positions were vacant: the registered professional nurse, the research statistician, and the statistics clerk. This results in 66% of the Healthy Start administrative positions being filled. Healthy Start began advertising for the registered professional nurse position last quarter. The research statistician and the statistics clerk positions are awaiting approval to fill. Advertising can then commence.

Goal: 90% of EIS caseloads will be no more than 1:45 weighted caseloads.

The "weight" of a caseload is determined by the number of hours needed per month per family for care coordination and social work services. A child who is "monitored" receives a weight of 0.25, a child who requires 3-5 hours/month is considered "moderate" and has a weight of 1, and a child who requires 6 or more hours/month of care coordination and social work services is considered "intense" and has a weight of 3. In addition, a weight of 1 is also given to the social worker "liaison" for any child served by an early intervention program whose care coordinator is from another agency (e.g., PHN, Healthy Start). This added weight is intended to ensure that the program social worker has the time to collaborate with the care coordinator.

EIS intends to review the weighted caseload formula developed in 1999 to assess its relevancy to the current caseload profile. The apparent discrepancy may not be as problematic as the numbers would suggest, as other measures such as parental

satisfaction and internal program review indicate that children's needs are generally being met.

Table 9 provides information on the percentage of social workers, by island, that have a weighted caseload of no more than 1:45. Data are provided on 44 positions, which include the 40 filled DOH EIS social worker positions from Table 6 and the additional 4 POS positions funded via the POS contracts on Maui (Imua), Molokai (Ikaika), and Oahu (Salvation Army) and (Kapolei). Of the 44 positions, 26, or 59%, had weighted caseloads not more than 1:45.

Table 9. Social Work Positions (DOH and POS) with Weighted Caseloads Not More than 45, by Island, as of December 2003.

Island	# Social Workers Providing Care Coordination as of December 2003	Number with Weighted Caseload No More than 45	Percent with Weighted Caseload No More than 45
Oahu	27	14	52%
Hawaii	7	7	100%
Maui & Lanai	6	3	50%
Kauai	3	2	67%
Molokai	1	0	0%
Total	**44**	**26**	**59%**

The low percentage with the appropriate caseload is due to various factors, including 4 vacant positions on Oahu and a newly hired position on Maui whose incumbent is going through training and has a very low caseload.

Table 10 shows the projected caseloads when all the care coordinator positions are filled and providing care coordination.

Table 10. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Weighted Caseload as of Dec. 2003	Average Weighted Caseload (Projected)
Oahu	31	28.25	1483.25	52.5
Hawaii	7*	7.00	239.50	34.0
Maui & Lanai	6	5.25	223.50	42.5
Kauai	3	3.00	131.00	43.6
Molokai	1	.50	45.75	91.5
Total	**48**	**44**	**2123**	**48.25**

* There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, and North Hawaii.

As can be seen in Table 10, the main concerns are the care coordination ratios on Oahu and Molokai.

The major concern on Oahu is the EIS ratio. Currently with all positions filled, the weighted ratio for EIS is 1:53. However, it is expected that as the Kapolei and Sultan programs increase the number of children they serve (specifically those with single delays), the EIS ratio will decrease as the care coordination responsibility will be shifted

to the POS programs. As the Kapolei program increases in number, it may be necessary to increase their budget for a second social worker.

Because of the complexity of the families served in Molokai, the majority of the children and families served are considered "intense," which increases their weight. Should this trend continue, additional funds can be added to the POS contract to fund a 1.0 FTE position instead of a 0.5 FTE position.

The issue of care coordination ratio will be included as a topic of importance in the Vision Workgroup (see section on direct service positions). Similar to the situation on Molokai, there may be a need to increase POS contracts on Oahu to include additional social work positions to support the expected increase in children served. Caseload and ratio data will continue to be monitored to determine the impact of the Kapolei program and the expansion of Sultan on other Oahu programs.

Public health nurses (PHNs) also provide care coordination to infants and toddlers with special needs, specifically those with medical concerns. The December 2002 child count showed that the PHNs provided care coordination to 522 infants and toddlers with special needs. The numbers of infants and toddlers requiring care coordination from PHNB has increased over the past three years (based upon Dec. 1 child counts for 2000-2002) as follows: 12/1/00 = 494; 12/1/01 = 510; 12/1/02 = 522. Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns. (Note: December 2003 child count data are now being collected, and the final count will be available in February 2004.)

Training Opportunities

Early Intervention Section

Training provided by EIS for October-December 2003 impacted 756 early interventionists, public health nurses, family members, and community preschool staff. This number represents individuals who attended more than one training activity (e.g., some attended all 3 orientation days).

Training to all early intervention providers on Individuals with Disabilities Education Act (IDEA) Part C requirements continues. The training content includes IFSP issues, timeline requirements, service delivery options, natural environments, teaming, and transition. The formal orientation is a 3-day process to thoroughly cover the above topical areas. The following is a list of training topics and number of attendees:

- **Early Intervention Awareness.** Presentations about early intervention and the services provided made to 120 DOE administrators.

- **Early Intervention Orientation, Day 1: Part C and Hawaii's Requirements.** Day 1 of the 3-day training focuses on IDEA Part C, Hawaii's implementation of IDEA, the family-centered philosophy, and communication skills with families. The ninety-two attendees included PHNs and staff from United Cerebral Palsy, Salvation Army, and Ikaika early intervention programs.

- **Early Intervention Orientation, Day 2: IFSP and Care Coordination.** Day 2 of the 3-day training includes IFSP development, care coordination and information on natural environments. One hundred twenty-three early interventionists and PHN staff attended these trainings.

- **Early Intervention Orientation, Day 3: Transition.** Day 3 of the 3-day training includes information on transdisciplinary service provision, teaming, and transition. One hundred thirty PHNs and early interventionists attended training on this topic.

- **Transition.** In addition to the full-day training on transition as part of the Early Intervention Orientation, additional workshops on transition between early intervention (Part C) and DOE Preschool Special Education (Part B) were held for 120 DOE administrators.

- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator provided 3 trainings on practical approaches to supporting children with challenging behaviors that impacted 37 individuals. Attendees included 15 preschool teachers at Ka Hale O Na Keiki Preschool in Honokaa on the island of Hawaii and the YWCA "The Cottage" Preschool in Hilo, also on the island of Hawaii. The Keiki Care Project Coordinator was also a guest speaker at University of Hawaii Hilo in the Early Childhood Education Inclusion Course which impacted 12 students.

- **Inclusion.** Presentations and technical assistance on including children with special needs in community preschools were provided by the Inclusion Project Coordinator to 4 preschool teachers at the Playmate Preschool.

- **Service Testing.** The four QA Specialists attended training on the internal review process. As a result of this training, they will be mentored during internal reviews this quarter, and based on their abilities, will become lead reviewers for children in early intervention programs and mentors for new service testers.

- **Beyond Daddy Day Care.** The Keiki Care Project planned, coordinated, and participated on two panels at the Early Childhood Conference with the focus on "Beyond Daddy Daycare: Recruiting, Retaining, and Supporting Men in Early Childhood Education". Seventy-five individuals attended.

- **Other Trainings.** EIS supported staff to attend the following conferences: 2 attended the Human Services Conference; 24 staff and families attended the Early Childhood Conference; 2 attended the Zero-to-Three National Conference; and 2 received first aid/CPR training. In addition, 25 individuals at the program managers' meeting received training and information on the results of the transition survey.

EIS participated in the Children and Youth Day at the capital sponsored by the Keiki Caucus, which was held October 5, 2003. EIS provided child activities and disseminated brochures informing the public about early intervention services.

Early intervention brochures were given to "Read To Me International Foundation," a private, non-profit agency headquartered in Honolulu, for inclusion in hospital birth packets. The foundation, created in 1997, was a result of a partnership between the Governor's Council for Literacy and Lifelong Learning and the Rotary Club of Honolulu Sunrise. Because of the foundation's focus on developing literacy, EIS contacted them to include information on early intervention in their packets. EIS again provided the foundation with 3000 brochures to disseminate during this quarter.

Healthy Start

During the second quarter, the training POSP finalized the credentialing requirements of Healthy Families America (HFA). In an effort to support full service implementation, the priority was on training for new early identification and home visiting staff. The training POSP provided the following training:

- **Intensive Role Specific Training for Family Support and Family Assessment Workers.** Each weeklong training covers the core tasks and responsibilities of the family support worker and the family assessment worker positions, according to HFA standards, with the fifth day exclusively for the Clinical Supervisors. A training in Hilo was held for family assessment support workers in November. In December a family support worker training was held in Honolulu.

- **Additional Training for Healthy Start staff.** This is additional training required within six months of hire and after the Intensive Role Specific training to more completely prepare staff to work with at-risk families in all areas of the program. Topics covered during this quarter included: Creative Outreach, Time Management, Newborn Care, Cultural Awareness & Sensitivity, Child Health & Safety, Personal Safety & Staff-related Issues (such as burnout prevention), Documentation & Reporting, and Parent-Child Interactions. These trainings began in November and were completed by mid-December.

- **On-going Training.** This is prioritized, program specific training required within twelve months of hire and each subsequent year of hire for all Healthy Start staff, including program directors, provided by community and content experts. Topics covered during this quarter included: Family Violence, Working with Gang Involved Families, and Substance Abuse. These trainings were interspersed with the additional training schedule described above.

The Healthy Start administrative staff provided the following training:

- **Intensive Role Specific Training for the Clinical Specialist position.** All clinical specialists attended this one-day seminar to review the model as well documentation and reporting requirements. Several program directors also attended. Staff had ample time to ask questions and to share implementation strategies.

Quality Assurance

Early Intervention Section

The EIS approach to quality assurance is that, through a variety of specific activities, the State is assured that 1) all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs; and 2) that all services are provided in conformance with federal IDEA Part C and state requirements.

Quality assurance activities include an internal Program Improvement Process (PIP), on-site programmatic monitoring, and internal reviews. Following is information on each area:

1. **Internal Program Improvement Process.** Based on a thorough review of program activities and feedback from staff and the community, each public and private early intervention program develops an internal program quality assurance plan to support program improvement. There is a 3-part process that results in the development of the Improvement Plan.

    - Survey Completion. Care coordinators and direct service providers are surveyed in order to gather information on their opinion as to whether the program's services and supports meets families needs. The families are surveyed regarding their satisfaction of the services and supports provided. Survey questions were developed to be consistent with IDEA Part C and program contractual requirements.

    - Self-Assessment. Program staff completes a Program Self-Assessment to identify areas of strength and those that need improvement. Self-assessment questions were developed to be consistent with IDEA Part C and program contractual requirements. Information gained from the survey results are taken into consideration in completing the self-assessment.

    - Improvement Plan. Based on the Self-Assessment, an Improvement Plan is developed that identifies the improvements needed, lists strategies to accomplish the improvements, persons responsible, resources available and needed, and timelines for completion. Each plan is reviewed and approved by EIS.

    To date, 15 of the 16 early intervention programs have completed their Improvement Plans. For the program that has not completed the PIP, an action item included in the monitoring report is that the PIP must be completed. Programs that have not completed their PIP Improvement Plan will include it as part of the Monitoring Improvement Plan, so that they have only one cohesive Improvement Plan to focus on.

2. **On-Site Monitoring.** EIS has state teams to monitor all early intervention programs (both DOH and POS programs) statewide. Monitoring includes:

- Program & Contractual Requirements. Each agency's policies and procedures are reviewed to evaluate whether they are consistent with program and contractual requirements as well as federal standards (e.g., Occupational Health and Safety Administration standards, American with Disabilities Act, drug-free policies, etc.). A sample of personnel records and security/storage protocol of confidential information are reviewed.

- IDEA, Part C Requirements. A sample of child charts are evaluated on a variety of indicators including: meeting IDEA timelines; inclusion of evaluation reports, complete IFSPs, consents, transition activities, progress/anecdotal notes in each chart; and confirmation that information on procedural safeguards was provided to each family. IFSPs are reviewed utilizing a checklist developed by the community Office of Special Education Programs (OSEP) IFSP Workgroup to ensure that they include all required components, including a transition plan if appropriate and completion of transition activities. In addition to the chart review, an "IDEA Requirements Checklist" is completed to determine if programs have policies and procedures consistent with IDEA Part C.

- Internal Program Improvement Plan. The program's Improvement Plan is reviewed and compared with the monitoring results for consistency. The monitoring report includes information from this plan along with information from the on-site monitoring.

Monitoring of all early intervention programs was completed in September 2003.

Areas of strength identified through the monitoring process in most programs included:

- adequate program policies and procedures
- a focus on increasing the number of children served in natural environments
- meeting evaluation and Initial/Review IFSP timelines
- providing comprehensive developmental evaluations (for children served through ECSP & POS programs)
- appropriate chart documentation
- informing families of their rights through the dissemination and explanation of the "Dear Family" brochure.

Areas that need improvement included:

- having complete IFSPs
- providing comprehensive developmental evaluations (for children provided care coordination from the EIS Care Coordination Unit)
- meeting transition requirements
- understanding what should occur when a child transfers between early intervention programs
- having sufficient and stable (minimal turnover) staff. It was found that stability of both service providers and the Program Manager position is vital to a well-functioning program.

Programs are in the process of completing their Improvement Plans based on the results cited in the monitoring reports. Once completed, EIS reviews and approves the plan and each program has one year to complete the improvement outcomes identified in the plan. EIS staff is available to provide training and support to the public and private early intervention programs to reach their goals.

Based upon discussions with OSEP regarding monitoring requirements, EIS will develop a draft monitoring schedule that will include a variety of activities including chart reviews, program observation, family focus groups, etc. Once developed the draft schedule will be submitted to CSHNB, FHSD, and OSEP for approval.

3. **Internal Reviews.** Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's progress and to what extent the system supports the child and family.

   EIS will continue to fully participate in the internal review process and will include an early intervention child in all complex reviews. The only reason for participation not to occur is if there are no Part C eligible children in a specific complex, or if the families of children in the complex do not consent to be reviewed. As noted in the previous section, an additional training was provided to early intervention staff to increase the number of available reviewers. Internal reviews for the 2003-2004 school year started in October 2003 and continue.

Filling 4 of the 5 Quality Assurance Specialists (described in the Administrative Personnel section) has already started to have a positive impact on the EIS quality assurance activities. The specialists have been trained in Internal Reviews and are participating as reviewers; they have met with the programs to which they are assigned and are having on-going discussions with them regarding their needs; and they have reviewed the monitoring reports and other relevant documents, and are supporting the programs in developing and implementing Improvement Plans to meet identified needs. In addition, they have participated in the 3-day EIS training to support their understanding of early intervention and their roles and responsibilities. Statewide meetings of the QAs occur monthly to ensure continuity and consistency throughout the state.

Healthy Start

In partnership with EIS, Healthy Start modified existing quality assurance/quality improvement activities to fully reflect the EIS approach in conforming with federal IDEA Part C and state requirements to assure that all environmentally at-risk children age 0-3 years and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs. On-going continuous quality activities are implemented at three distinct levels.

- **Individual POSP Quality Assurance.** HFA credentialing is required of each Healthy Start POSP. This process includes areas of self-assessment, satisfaction surveys, and self-improvement strategies monitored in a quality improvement plan that is systematically reviewed by HFA. This ensures a level of quality in home visiting services not only across the state, but also on a nationally recognized level. Further, each POSP implements various quality assurance

activities at an agency level that includes, but is not limited to, the Healthy Start program.

- **Program Quality Improvement.** Healthy Start has several reporting requirements designed to monitor quality assurance at each site/program. These include quarterly reports, bi-annual quality improvement reports, annual variance reports, and biennium contract evaluation reports. All of these reports provide continuing information on performance objectives. With oversight provided by the Quality Assurance Specialist, each site/program is specifically assigned to the Quality Assurance Specialist, the Registered Professional Nurse, or the Children & Youth Specialist. Typically, those sites/programs furthest from achieving performance objectives are assigned to the Quality Assurance Specialist who works with the site in developing specific quality improvement strategies with the provision of additional technical assistance. Each site/program is required to design, implement, monitor, and report on quality improvement activities to the respective administrative contact.

- **Model Quality Improvement**. Individual site/program information is synthesized and evaluated to identify areas of strength and areas requiring restructuring within the model by the Healthy Start administrative team. This level of policy analysis also includes program directors, the Family and Community Support Section Supervisor, the Maternal and Child Health Branch Chief, and the Family Health Service Division Chief.

Priorities include timely completion of all IFSPs and developmental screens as well as full implementation of the Child Development Specialist model in which this specialist has the most interaction with referrals of children with suspected developmental delays and follow-up to EIS.

In addition to these on-going continuous quality activities, Healthy Start administrative staff also engage in on-site monitoring to support the above-described continuous quality activities.

- **On-Site Monitoring of Program & Contractual Requirements**. The Healthy Start administrative team conducts on-site monitoring of the first contract year during the second quarter of the second contract year for all sites. Programs respond to the monitoring report of Findings and Recommendations via a quality improvement plan that specifically addresses the monitoring results. Sites requiring significant improvement are monitored again six to nine months later to ascertain degree of improvement. Monitoring includes:

    - Program & Contractual Requirements. Each agency's policies and procedures are reviewed to evaluate whether they are consistent with program and contractual requirements as well as federal standards (e.g., Occupational Health and Safety Administration standards, American with Disabilities Act, drug-free policies, etc.). A sample of personnel records and security/storage protocol of confidential information are reviewed.

    During the second quarter, Healthy Start worked closely with EIS in all compliance efforts, including monitoring of IDEA Part C requirements, as well as training opportunities and service delivery including care coordination. Healthy Start is scheduled to begin and complete monitoring in the third quarter.

Funding

Early Intervention Section

A total of $7,694,737 in state funds was appropriated for FY 2003 and $8,064,737 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases). A total of $8,704,521 was both appropriated and allocated for FY 2004. The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter*
Fiscal Year 2003			
1st quarter – July-Sept. 2002	4,388,046	4,388,046	4,454,908
2nd quarter – Oct.-Dec. 2002	982,682	5,370,728	5,485,221
3rd quarter – Jan.-Mar. 2003	1,614,500	6,985,228	7,189,111
4th quarter – Apr.-June 2003	1,079,509	8,064,737	8,199,260**
Fiscal Year 2004			
1st quarter – July-Sept. 2003	5,110,381	5,110,381	5,273,077***
2nd quarter – Oct.-Dec. 2003	1,382,500	6,492,881	6,572,738****
3rd quarter – Jan.-Mar. 2004	1,105,000	7,597,881	
4th quarter – Apr.-June 2004	1,106,640	8,704,521	

* Source: Financial Accounting and Management Information System (FAMIS) report.
** Information as of 6/30/03, which was updated 7/29/03.
*** Information as of 10/08/03.
**** Information as of 1/20/04

In addition to state funds, EIS received federal Part C funds of $2,043,288 in FY03 to support the provision of early intervention services. Federal Part C funds increased to $2,127,667 for FY04.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal Year 2003			
1st quarter – July-Sept. 2002	968,112	968,112	957,253
2nd quarter – Oct.-Dec. 2002	417,000	1,385,112	1,292,707
3rd quarter – Jan.-Mar. 2003	417,000	1,802,112	1,598,267
4th quarter – Apr.-June 2003	241,176	2,043,288	2,043,288*
Fiscal Year 2004			
1st quarter – July-Sept. 2003	1,029,505	1,029,505	665,674**
2nd quarter – Oct.-Dec. 2003	384,000	1,413,505	1,023,325***
3rd quarter – Jan.-Mar. 2004	387,500	1,801,005	
4th quarter – Apr.-June 2004	325,662	2,127,667	

* Information as of 10/13/03 from ASO
** Information as of 10/8/03 from FAMIS Report
*** Information as of 1/16/04

The cost of providing services via POS contracts and fee-for-service providers for FY 03 totaled $5,504,851 (as of 10/1/03). A total of $4,100,321 in state funds and $548,772 in federal Part C funds were appropriated, which was $855,758 less than the cost of providing services. The additional expenses were paid by FY 02 and FY 04 state funds and additional federal Part C and other federal funds. Because of the increase in expenses for early intervention services, EIS closely monitors funds spent, and meets quarterly with FHSD to discuss the cost of services. If necessary, the DOH will request additional resources for FY 04 and 05 through the emergency and supplemental budget process.

Healthy Start

In FY 2003, a total of $21,689,277 in state funds was appropriated and $21,721,338 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases). In FY 2004, a total of $19,217,620 in State and Tobacco funds were appropriated and allocated. State funds were reduced $2.5 million due to the decreased need for POSP contract funds. In addition, $5,336,023 of State funds were replaced with Tobacco funds. The following table shows allocations and expenditures/ encumbrances:

Table 13. Healthy Start Allocations and Expenditures/Encumbrances [1]

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal year 2003 [4]			
1st quarter – Jul.-Sept. .2002	21,456,994	21,456,994	21,288,724
2nd quarter – Oct.-Dec. 2002	88,114	21,545,108	21,380,322
3rd quarter – Jan.-Mar. 2003	88,115	21,633,223	17,676,073 [2]
4th quarter – Apr.-June 2003	88,115	21,721,338	17,235,920 [2]
Fiscal year 2004 [5]			
1st quarter – Jul.-Sept. 2003	18,882,063	18,882,063	14,153,717
2nd quarter – Oct.-Dec. 2003	161,188	19,043,251	15,750,399 [3]
3rd quarter – Jan.-Mar. 2004	87,185	19,130,436	
4th quarter – Apr.-June 2004	87,184	19,217,620	

[1] Source: FAMIS report.
[2] POS contracts were adjusted due to lower expenditures.
[3] Information as of 10/31/03.
[4] State funds.
[5] State funds ($13,881,597) + Tobacco funds ($5,336,023).

Summary

Strengths in the early intervention system from October – December 2003 include:

- ⇨ Continuation of training early intervention providers to ensure they are both knowledgeable of IDEA Part C and are following federal and state mandates in serving Part C eligible infants and toddlers. Also training PHN and Healthy Start trainers so they can train their own state and private providers.
- ⇨ Meeting the goal of 90% for all positions, administrative, direct service, and care coordination staff.
- ⇨ Completion of on-site monitoring.
- ⇨ Increase in QA activities with the filling of QA positions.
- ⇨ The development of a new billing system for POS programs that provides more comprehensive data on the cost and service needs of infants and toddlers with developmental delays and their families.
- ⇨ The development of a Vision Workgroup to recommend system changes to support best practices in meeting the needs of infants and toddlers with developmental delays and their families.
- ⇨ Planned expansion of some early intervention programs to serve all children in their catchment areas regardless of the number of developmental delays experienced by the children.
- ⇨ DOH monitoring of early intervention allocations and expenditures, to identify funding needs and support requests for additional funds to serve all children identified with at least 1 developmental delay.
- ⇨ Dedicated administrative and direct service staff in the EIS administrative office and public and private early intervention programs to support infants and toddlers with developmental delays and their families.
- ⇨ The on-going collaboration between public and private programs statewide to support the needs of eligible children and their families.
- ⇨ On-going meetings between EIS, Healthy Start, and PHN staff to assure collaboration and continuity for Hawaii's Part C eligible children.